PATENT

Attorney Docket No.: 85ER-00118

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Dhar Solanki, et al.

: Art Unit: 3626

Serial No.:

10/677,930

: Examiner: Rapillo, Kristine K

Filed:

October 2, 2003

For:

SYSTEMS AND METHODS FOR

QUOTING REINSURANCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### **TRANSMITTAL**

1. Transmitted herewith is:

Amendment Transmittal (3 pages)

Amendment in Response to Final Office Action dated May 20, 2008 (19 pages)

### **STATUS**

| 2. | Applican    | t                            |
|----|-------------|------------------------------|
|    |             | claims small entity status.  |
|    | $\boxtimes$ | is other than a small entity |

# EXTENSION OF TERM

| 3.   | The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.   |                                      |         |                             |                                  |  |  |  |  |  |  |
|--|--|--------------------------------------|---------|-----------------------------|----------------------------------|--|--|--|--|--|--|
|  | 11 7   | (complete (a) or (b), as applicable) |         |                             |                                  |  |  |  |  |  |  |
|  | (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)   |                                      |         |                             |                                  |  |  |  |  |  |  |
|  |  | tension for response thin:           | C       | Other than small entity Fee | Small entity Fee (if applicable) |  |  |  |  |  |  |
|  | X  | first month                          | \$      | 120.00                      | \$ 60.00                         |  |  |  |  |  |  |
|  |  | second month                         | \$      | 460.00                      | \$ 230.00                        |  |  |  |  |  |  |
|  |  | third month                          | \$      | 1,050.00                    | \$ 525.00                        |  |  |  |  |  |  |
|  |  | fourth month                         | \$      | 1,640.00                    | \$ 820.00                        |  |  |  |  |  |  |
|  |  | fifth month                          | \$      | 2,230.00                    | \$1,115.00                       |  |  |  |  |  |  |
|  |  | -                                    |         | Fee:                        | \$120.00                         |  |  |  |  |  |  |
| If a   | n additional extensio  | on of time is required, pl           | ease co | onsider this a peti         | tion therefor.                   |  |  |  |  |  |  |
| (Check and complete the next item, if applicable)  |  |                                      |         |                             |                                  |  |  |  |  |  |  |
| An extension of months has already been secured. The fee paid therefore \$ is deducted from the total fee due for the total months of extension now requested. |  |                                      |         |                             |                                  |  |  |  |  |  |  |
|  | Extension fee due with this request \$   |                                      |         |                             |                                  |  |  |  |  |  |  |
|  | OR   |                                      |         |                             |                                  |  |  |  |  |  |  |
|  | (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. |                                      |         |                             |                                  |  |  |  |  |  |  |
|  |  |                                      |         |                             |                                  |  |  |  |  |  |  |

# FEE FOR CLAIMS

|                  | (Co                                       | ol. 1)           |                | (Col. 2)                                      | (Col. 3)              | SMALL ENTITY  |                        | OTHER THAN<br>SMALL ENTITY        |
|------------------|---|------------------|----------------|---|-----------------------|---|------------------------|-----------------------------------|
|                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  |                | HIGHEST NO. PREVIOUSLY PRESEN' PAID FOR EXTRA |                       | ADDITIONAL.<br>RATE FEE   | ADDITIONAL<br>RATE FEE |                                   |
| TOTAL,<br>INDEP. | <u> </u>                                  |                  | MINUS<br>MINUS |   | =                     | x \$25.00 = \$<br>x \$105.00 = \$   |                        | x \$50.00 = \$<br>x \$210.00 = \$ |
|                  | FIRST                                     | T PRESEN'        |                | MULTIPLE DEP.                                 |                       | + \$185.00 = \$   |                        | +\$370.00 = \$                    |
| ,                |   |                  |                |   |                       | TOTAL ADDITIONAL FEE \$   | OR                     | TOTAL ADDITIONAL FEE \$           |
|                  | (a)                                       | $\boxtimes$      | No add         | itional fee fo                                | r Claims i            |   |                        | , ILL                             |
|                  |   |                  |                |   | OR                    |   |                        |                                   |
|                  | (b)                                       |                  | Total a        | dditional fee                                 | for claims            | required \$   |                        |                                   |
|                  |   |                  |                | FEE   | PAYMEN                | ľΤ  |                        |                                   |
| 5.               |   | Attach           | ed is a c      | heck in the s                                 | um of \$              |   |                        |                                   |
|                  | $\boxtimes$                               | _                | -              | t Account No<br>this transmit                 |                       | the sum of \$ <u>120.00</u><br>hed.   | <u>)</u> .             |                                   |
|                  |   |                  |                | FEE D   | EFICIEN               | CY  |                        |                                   |
| 6.               | $\boxtimes$                               | If any<br>01-238 |                | al extension                                  | and/or fee            | is required, charge   | Depos                  | sit Account No.                   |
|                  |   |                  |                | A   | ND/OR                 |   |                        |                                   |
|                  | $\boxtimes$                               | If any<br>2384.  | addition       | al fee for cla                                | ims is requ           | iired, charge Deposi  | t Acc                  | ount No. 01-                      |
| 7.               |   | Other:           |                |   |                       |   |                        |                                   |
|                  |   |                  |                |   | Re<br>AF<br>On<br>St. | niel M. Fitzgerald<br>g. No. 38,880<br>MSTRONG TEAS<br>e Metropolitan Squa<br>Louis, MO 63102<br>4-621-5070 |                        |                                   |